

OFFICE OF INSPECTOR GENERAL
INTERNAL AUDIT

*ADOPTION SERVICES – INCREASING THE STATE'S
ADOPTION RATE*

OCTOBER 2003



Department of Children and Families
Jerry Regier, Secretary

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The Department of Children & Families is committed to working in partnership with local communities to ensure safety, well-being, and self-sufficiency for the people we serve.



Jeb Bush
Governor

Jerry Regier
Secretary

October 14, 2003

Mr. Jerry Regier
Secretary
Department of Children and Families
1317 Winewood Boulevard
Building 1, Suite 202
Tallahassee, Florida 32399-0700

Dear Secretary Regier:

Attached is the audit report on Adoption Services. The purpose of this audit was to review and evaluate the current state of the Adoption Services Program in light of your goal to increase the State's adoption rate.

The audit disclosed that achieving an increase in the adoption rate would be challenging. Impediments to realizing the goal included the transition to Community-Based Care, a disconnect between the current goal and performance measures, and inconsistent data collection.

Included within the report is the response from the Office of Child Welfare and Community-Based Care. They have concurred with our findings and are in the process of implementing our recommendations.

Sincerely,

A handwritten signature in cursive script, reading "Sheryl G. Steckler".

Sheryl G. Steckler
Inspector General

Attachment

1317 Winewood Boulevard, Tallahassee, Florida 32399-0700

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Adoption Services – Increasing the State's Adoption Rate

Report #A-04-07

October 14, 2003

Purpose and Objective

The **purpose** of this audit was to review and evaluate the current state of the Adoption Services Program in light of the Secretary's goal of increasing the State's adoption rate.

The **objective** was to determine whether the Department of Children and Families' (DCF) Adoption Services program is poised to achieve the Secretary's goal of increasing the adoption rate by 36 percent for fiscal year (FY) 2003-04.

This audit was conducted as part of the Inspector General's (IG) annual audit plan in coordination with the Office of the Secretary. As part of ongoing IG initiatives to increase the timeliness of audit information within the Department, procedures have been developed to modify audit plans to be more flexible and responsive to major Departmental initiatives, in this case, increasing the State's adoption rate.

Scope and Background

Our **scope** included a review of the current state of management, control, and delivery of adoption services within the Department and its Community-Based Care (CBC) contractors. The scope included:

- Goal setting for adoption finalizations
- Various data sources for reporting and measuring progress
- CBC contractors and their system of care
- Headquarters oversight and policy development
- Actual performance and population of adoptable children for FYs 2001-02, 2002-03, and 2003-04
- District/Region level management and delivery of adoption services

The review and evaluation of these work processes were performed within the context of determining whether the Department was poised to achieve a 36 percent increase in its adoption rate for FY 2003-04.

Background

Adoption Services is a function within the Child Welfare and Community-Based Care Program Office. Adoption Services is primarily concerned with children that enter the foster care system and advance along to a point where reunification with their biological parents is no longer an option. They then go through a legal process whereby their parental ties are legally severed – Termination of Parental Rights (TPR). Generally, children that advance this far in the system have been subjected to significant emotional and/or physical difficulties.

The overwhelming majority of the children available for adoption are classified as special needs. Some children have medical or emotional disabilities that require special attention and care. The trauma of abuse or neglect can have lasting effects on children. Substance abuse, mental health and medical histories of parents can result in significant emotional, behavioral and medical issues for children. Finding permanent homes and finalizing the adoption process is difficult, time consuming, labor intensive, and requires special skills and experience that should not be underestimated.

Currently, there are over 4,600 children (clients of DCF) in the State that have had their parental rights terminated and are available for adoption. The Federal Adoption and Safe Families Act (ASFA) of 1997 was the first major child welfare legislation to be passed since 1980 and will continue to lead to an increase in the

population of children available for adoption. ASFA stressed that child safety is paramount while it focuses on reducing the time children are in out-of-home care. Thus, placing an increased emphasis on permanency – the timely movement of children out of the system into permanent placements like adoptive homes.

Upon the Secretary's arrival, his management team reviewed agency operations and determined that a number of program areas needed improvement. Subsequently, the Reform Plan detailed those program areas and provided specific performance goals thus laying out the Secretary's performance expectations. After meeting with Family Safety's Program Management staff and utilizing their performance statistics, the Secretary challenged Family Safety and its providers to increase finalized adoptions by 36 percent.

Finding and Recommendations

An Increase in the Adoption Rate may be Difficult

Achieving the Secretary's goal of a 36 percent increase in the State's adoption rate will be difficult. The current goal and performance measurement processes are not properly aligned and the transition to Community-Based Care will likely be a significant impediment to an increase in the adoption rate for FY 2003-04. Best business practices dictate that in order to manage and control a program, Management must establish appropriate goals and measurement systems. Nevertheless, an adequate performance measurement plan was not developed and communicated to all stakeholders and the Department did not utilize a consistent, comparable data source. As such, the potential for Lead Agencies to experience a drop-off in adoption finalizations during their first year of service was not fully analyzed and considered prior to providing the Secretary the 36 percent metric. As a result, the Department's ability to achieve a 36 percent increase and effectively manage its Adoption Services Program is severely diminished. Without every District/Region/CBC being held to the same agreed upon measure, utilizing a standardized data collection system, accountability and continuous process improvement will be difficult to achieve.

Recommendations

We recommend that the Secretary direct Family Safety Management to:

1. Establish goals and a measurement plan for the Adoption Services Program, paying particular attention to ensure that all Districts/Region "buy-in" to the plan, define and use terms consistently, and use the same data source.

This is of the utmost importance. To have effective oversight from Headquarters, Executive Management must have timely, accurate, and meaningful reports on program status. It may require establishing a working group to develop the goals and a measurement plan that all stakeholders can buy into.

2. Proactively monitor goal attainment and perform continuous process improvement by transferring methods that work in one District to those Districts needing improvement.

We have seen several instances where one District/Region/provider has an excellent tool or method that could be shared with others. For example, the SunCoast Region has an excellent Quality Assurance (QA) tool, District 2 has a very good tracking system and subsidy forecasting tool, and several providers are developing adoption "how to" manuals. The Department must start taking advantage of the potential for synergy.

3. Proactively monitor and facilitate CBC/Lead Agency service delivery particularly during the first full year of service and develop ways to mitigate the impediments noted in this report.

By establishing a very close working relationship during transition, District 1's CBC was able to avoid a drop off in the adoption rate during its first year.

4. Elevate the University of South Florida, Florida Mental Health Institute (FMHI) report on CBC implementation and proactively address the issues raised in it.

The Department paid \$100,000 for the most recent FMHI report and it is a thorough, provocative report. Executive Management should become very familiar with the report and possibly participate/require an oral debriefing at the conclusion of each evaluation.

5. Require 100 percent HomeSafenet (HSn) usage by all caseworkers whether DCF employees or contractor employees. Require quality assurance and quality control procedures/reviews of HSn data.

As this report details, data accuracy and timeliness is a grave problem within the Department. The proper, professional use of HSn as envisioned would lead to better management through timely and accurate reporting.

6. Formally report adoption statistics by CBC instead of rolling up the statistics by District/Region. Many Districts/Region have multiple CBCs – some have a different CBC for each county. Each CBC should have an individualized goal, take ownership of its data, and be accountable for timely accurate reporting.

Executive Management needs to be acutely aware of how each CBC is performing.

Details of Finding

Current State of the Adoption Services Program

Achieving the Secretary's goal of a 36 percent increase in the State's adoption rate will be difficult. The current goal and performance measurement processes are not properly aligned and the transition to Community-Based Care may likely be a significant impediment to any increase in the adoption rate for FY 2003-04.

Family Safety Program staff developed the goal for the Secretary's Reform Plan based on past performance and an industry benchmark that they thought was attainable. Accordingly, the basis for a 36 percent increase was derived from a controversial resources applied figure (discrete number of employees dedicated to adoptions only) and a previous goal that was not met. Family Safety officials determined that the Department had enough adoption related resources (based on a benchmark developed by the Child Welfare League of America -- CWLA) to accomplish 3,847 adoptions over the course of FY 2003-2004. Accordingly, that goal would constitute a 36.4 percent increase over a previously projected goal of 2,820 adoptions for FY 2002-2003. Regardless of how the initial goal was developed, a 36 percent increase in the State's adoption rate over the previous two-year performance period, although difficult, appears achievable provided proper management attention, planning, and execution exist.

The current goal and performance measurement processes are not properly aligned. The following table provides insight into the various scenarios applicable to the way the Department sets goals and measures its Adoption Services' performance.

A	B	C	D	E	F	G
	FY	FY	FY 2003-04	36% Increase	July 1, 2003	80%
District	2001-02	2002-03	Goal Provided	FY 2002-03	TPR Kids	Contract
#	Actuals	Actuals	to the Secretary	in Actuals	Available	Goal
1	90	98	113	133	139	111
2	120	122	123	166	51	41
3	151	117	194	159	28	22
4	108	223	297	303	342	274
SC	291	328	639	446	755	604
7	280	278	542	378	459	367
8	83	86	179	117	124	99
9	175	245	164	333	325	260
10	133	255	379	347	369	295
11	544	425	573	578	1299	1039
12	97	77	102	105	108	86
13	60	190	266	258	182	146
14	167	147	174	200	354	283
15	72	91	102	124	107	86
	2371	2682	3847	3647	4642	3713
		12%	43%	36%		38%
Draft data from ARS						

As you will note by reviewing column C of the above table, the Department finalized approximately 2,682 adoptions for FY 2002-03, which ended June 30, 2003. The 2,682 finalized adoptions for FY 2002-03 represents about a 12 percent increase over the 2,371 adoptions finalized in FY 2001-02. We believe the Secretary's leadership and emphasis on adoption contributed to this increase.

Column D shows the goal of 3,847 finalized adoptions provided to the Secretary by Family Safety for the Reform Plan. It would, in real terms, constitute a 43 percent increase over FY 2002-03 performance and is probably unrealistic. Column E shows each District's finalization goal based on increasing last year's performance by 36 percent. This is also unrealistic in that it fails to take into account the fact that some Districts did very well in achieving adoption finalizations and a straight 36 percent increase for those Districts would probably not be appropriate.

Columns F and G deal with a new contract performance measure that is being negotiated into various Lead Agency contracts. Basically, it tells the Lead Agency to determine the exact number of children that have their parental rights terminated as of the start of the fiscal year, in this case July 1, 2003. From there, the Lead Agency is contractually obligated/expected to finalize at least 80 percent of that number. It is an easier calculation in that it does not take into account children coming into and out of the system during the year and does not take into account resources applied to adoption services. As Column G shows, if each District were to achieve the 80 percent goal, DCF would experience a 38 percent increase over FY 2002-03 finalizations.

In the current environment, however, the 80 percent goal appears impractical as well. Assuming the "draft" ARS data is correct, some Districts/Region (i.e. eleven and SunCoast) would have to double their productivity or increase the resources applied to finalizing adoptions. While others (i.e. Districts two and three) would be expected to reduce their level of effort or focus it on helping other Districts/Region. Since the Adoption Services Program is not centrally managed, those types of structural changes would be difficult to make in timely manner.

As the above discussion illustrates, there is currently much confusion as to the Department's goal setting and measurement processes.

Adoption Subsidy Issue

To complicate matters further, the Department must deal with the rising costs associated with a rising adoption rate. DCF started FY 2003-04 with 17,009 clients receiving an adoption subsidy. The estimated payments to those individuals are \$65,260,855. The budgeted amount for those payments is \$64,679,915 – a shortfall of almost \$600,000. As the Department becomes more efficient and effective at finalizing adoptions, the cost of

the adoption subsidy program will go up. An average increase this year would require an additional \$5 million for FY 2003-04. Officials at Family Safety have indicated that if the Department achieved the type of increases envisioned by the Secretary, the subsidy payment deficit would be about \$6 million in FY 2003-04 and about \$18 million in FY 2004-05, based on the current \$65 million budget.

Community-Base Care Implementation

Irrespective of the goal setting, measurement, and subsidy issues, the transition to Community-Based Care may likely be a significant impediment to any increase in the adoption rate for FY 2003-04. The fundamental shift in the way the Department performs adoption services from Department employees to contracting out with Community-Based Care Lead Agencies will most likely cause a drop off in the number of adoptions finalized during the first few years of transition. The major reasons for this drop off are:

- Transition to CBC Lead Agencies is more complex than originally envisioned. The following excerpt out of the most recent FMHI report illustrates this point by stating: "As has been emphasized a number of times in both reports, evidence of the complexity of implementing system changes inherent in establishing CBC continues to grow. There is also evidence that even with effective lead agencies it takes considerably more time to fully accomplish this change than was initially believed."
- Special needs adoptions are complicated, time consuming, and require experience and skill. Yet, most experienced DCF adoption staff employees have not transitioned to the CBC. As a result there is an immediate drop off in adoption related experience. For example, each CBC visited during our audit voiced varying degrees of concern about not being able to attract and retain experienced adoption workers. While, at the same time, lamented the fact that the required Professional Development Center (PDC) training for new Counselors/Case Workers offered little in the way of practical instructions for the performance of special needs adoptions. Further, the FMHI reports support this view by indicating that recruiting and retaining initial staff during transition was still a problem despite considerable efforts by DCF.
- There is no adoptions how-to manual that is readily available to new CBC caseworkers. Although DCF officials are currently working on best practice guides, there is not a comprehensive manual for instructing caseworkers on how to perform special needs adoptions. This is particularly important in light of the fact that CBCs generally hire new workers that do not have direct experience with special needs adoptions and the PDC does not adequately address the subject in the initial caseworker training.
- Some CBC's system of care – continuous case management – may not be an optimal system in terms of finalizing adoptions. Continuous case management is a system of care whereby a case worker or team of caseworkers have responsibility to follow a particular client throughout the system whether it be reunification with parents or termination of parental rights and subsequent adoption. Many of the seasoned adoption professionals we talked to during this audit had strong reservations as to the efficacy of this model. They indicated that experience has shown that special needs adoptions require a specialized skill set that is developed over time. They believed that requiring a case worker to be an expert in all facets of child welfare and to be able to effectively allocate their time among those areas is a lot to ask. They further stated that this practice generally leads to less adoptions overall as caseworkers tend to focus on children coming into the system because they are the ones in immediate danger. According to senior DCF officials, continuous case management was tried and abandoned by the State of Florida because it was not effective. Further, other states have also given up on this type of system because it was ineffective.
- A layer of coordination has to be established and optimized between the Department and its CBC lead agencies both within and across each District/Region in order to facilitate timely adoptions. Real problems in this area have already manifested themselves in the SunCoast Region. An investigation by the Region noted that due to the potential for communication confusion among the growing number of CBC agencies, particularly when each organization is different, it is recommended that statewide policy be established that directs all requests for inter-state, intra-state and intra-district/region case transfers, or at a minimum, courtesy supervision cases, be routed through District/Region program offices. This area of concern was also identified by the FMHI reports. The reports noted that the area with the greatest potential for implementation problems is the one that concerns inter-organizational relationships and activities across multiple jurisdictions.

- The CBCs do not always utilize HSn as intended and we believe that this will ultimately hamper the adoption process by undermining one of management's primary internal control and management tools. The CBCs visited during the audit utilized HSn to varying degrees. The FMHI report states that CBCs view the current DCF administration as being flexible about how information may be entered and how the system is used. The FMHI report went on to state that in most cases, there were significant backlogs in data entry and the CBCs felt they needed additional resources as part of their administrative costs to keep up with the data entry requirements of HSn.

For FY 2003-04, DCF plans to issue service contracts requiring 14 new CBC contractors to become fully operational. By fiscal year end, 13 of the 14 Districts/Region will have all their foster care and related services contracted out. Accordingly, the Department's CBC contractors will be servicing 65 out of 67 counties.

Management and Control through Goals and Performance Measurement

Best business practices dictate that in order to manage and control a program, management must establish appropriate goals and measurement systems. According to industry best practices on establishing performance measures, there are three basic components: goals, objectives, and action plans. Goals are the results to be achieved (the 36% increase). Usually set one to three years out, goals define what is to be achieved and usually do not include how the goals will be achieved. Objectives establish the major ways that goals will be achieved. Finally, action plans outline tactical steps necessary to achieve each objective.

Further, there are generally accepted guiding principles for performance measurement. They include:

- Goals must be accepted by managers, staff and providers – “buy-in”
- Measures should be assessed in ways that limit the potential for misinterpretation – consistent and agreed upon terminology
- Measures should be based on data that are available through existing data collection systems – timely, consistent and accurate data
- Measures are used to assess continuous process improvement – sharing best practices

Consequently, if you do not appropriately measure results, you cannot tell success from failure; if you cannot see success, you cannot reward it; and, if you cannot see failure, you cannot correct it.

Goals, Measurement, Implementation, and Interpretation

This occurred because an adequate performance measurement plan was not developed and communicated to stakeholders and the Department does not utilize a consistent, comparable data source. As such, the potential for Lead Agencies to experience a drop-off in adoption finalizations during their first year of service was not fully analyzed and considered prior to providing the Secretary the 36 percent metric.

Although it was clear that the Secretary wanted an increase in the adoption rate (goal) and utilized the 36 percent figure provided by Family Safety, many stakeholders were unclear as to what the 36 percent increase meant to them and what major initiatives (objectives) had to be performed in order to achieve the increase. Accordingly, we did not find any action plans enumerating specific steps to be taken to achieve the goal. To be sure, the Department had established some major objectives/initiatives such as streamlining the foster-to-adopt process, better utilizing the adoption exchange system, and developing a best practices guide, to facilitate achieving the goal of increasing the adoption rate. Yet, there was no formal dissemination of the various objectives/initiatives and there was no formal action plan for achieving the Secretary's vision.

To complicate matters further, the measurement process is clearly broken. There was no “buy-in” with respect to measuring full time equivalents (FTEs) (resources applied) associated with adoptions. Many stakeholders disagreed with the underlying premise that one adoptions FTE should be able to complete 10 adoption finalizations a year. This argument has merit in that the benchmark was derived from a CWLA Caseload Standard, which stated that a full-time caseload for a special needs adoptions specialist is 10 to 12 cases. Since it is generally accepted that once a child is available for adoption (had their parental rights terminated) they should be finalized with their adopted family within 12 months, the DCF standard of 10 finalizations per year per worker was developed. Most stakeholders argue that current caseloads are much higher than those envisioned by CWLA. Another problem with the measure is the fact that consistent, comparable data as to how

many resources a particular District or provider allocates to just adoption related work is not readily available. It would have to be determined on a case-by-case basis from budget documents, system of care documents, and allocation of personnel analyses.

Further, timely and accurate data related to the adoptions program is virtually nonexistent. The audit disclosed that management data on the population of adoptable children and adoption finalizations is not timely and varies widely from system to system. For example, data used to establish and manage the current goal comes from an ad hoc reporting system, the Adoption and Related Services Monthly Statistical Report (ARS), an excel spreadsheet managed by Headquarters. The data comes in from each District/Region and is manually coalesced into an aggregate spreadsheet. However, there are real accuracy and timeliness issues with this data. Please see the following response to one of our inquiries.

"The Adoption and Related Services Monthly Statistical Reports are submitted to this office by the districts/region. They are due the 20th of the month following the report month. We review the data when we receive it and send any obvious problems back for correction. We "dun" the districts/region for late data or corrections. We can aggregate statewide data when all district/region data are received and appear reasonably accurate. As of right now, [July 18, 2003 added] April data are being finalized, and May data still have problems districts are correcting. June data are not due yet. Based on my expectation that we will have April complete in a few more days, it would be reasonable to guess that June will be ready in late October."

HomeSafeNet and the Adoption Exchange System also store data for this program. HomeSafeNet is the mandated data source for adoptions and is used for federal reporting. We found disparity between ARS and HSn data, which should be the same. Also, the statewide Adoption Exchange System has not been used as required by Florida law. Children legally freed for adoption should be registered on this system within 30 days. Obtaining consistent, accurate, and timely data is an essential part of an effective management and control structure. Good data must be readily available for performance measurement and continuous process improvement.

Choosing which data to rely upon is difficult. For example, as we were trying to develop each District's, July 1, 2003, starting population of adoption eligible children, we had a choice of using data from HSn, the Adoption Exchange System or ARS. As noted above, the ARS data for that period would not be available until sometime in October. In addition, program officials warned us that all three information systems would yield different results as to how many children were available for adoption as of July 1, 2003. Fortunately, we were able to obtain "Draft data" from ARS for our analysis – Columns C, E, F, and G of the table used in this report are based on Draft ARS data. We used "Draft ARS data" because it is considered to be more reliable than HSn or Adoption Exchange data.

Overall Goal Integration

Finally, as the Department moves forward in establishing an effective performance measuring protocol, it must similarly align its Program expectations and assessment tools. For example, quality assurance reviews should be aligned with the Federal Child and Family Services Review (CFSR), which should be aligned with the Florida Program Improvement Plan (PIP), which should be aligned with Secretarial initiatives, which should be aligned with CBC contract requirements, and all these should be consistent with the District Administrators' performance expectations. Currently, this is not the case. For example, the CFSR did not find Florida's rate of adoption to be a problem area. Subsequently, the PIP did not call for its improvement. However, the Secretary's initiatives called for an improvement and it became a part of the District Administrators' performance expectations. Yet, CBC contract language requires adoption services to be measured in an entirely different way. Accordingly, some CBC's are not necessarily required to increase the adoption rate.

Lack of Accountability

As a result, the Department's ability to achieve a 36 percent increase and effectively manage its adoption services program is severely diminished. Without every District/Region/CBC being held to the same agreed upon measure utilizing a standardized data collection system, accountability and continuous process

improvement cannot be achieved. DCF cannot readily and accurately identify and reward innovation and achievement nor quickly transfer the underlying methodologies to Districts/Region needing improvement.

Methodology

The **methodology** used to conduct this audit included:

- Reviewing Family Safety guidance and plans related to adoption services
- Interviewing Management officials at the program office, headquarters, and field locations
- Evaluating laws and regulations, management reports, special reports, studies, and plans
- Reviewing CBC contracts and Department implementation plans
- Evaluating data systems used to track, manage, monitor, and control the adoption services program

This audit was conducted in accordance with applicable Government Auditing Standards issued by the Comptroller General of the United States and the Standards for the Professional Practice of Internal Auditing published by the Institute of Internal Auditors.

Management Response

The attached response from the Office of Child Welfare and Community-Based Care indicated appropriate follow-up on the findings and recommendations are taking place. In addition, the complete report and response are available on our web site at the following address: http://www5.myflorida.com/cf_web/myflorida2/health/human/admin/ig/publications.html



Jeb Bush
Governor

Jerry Regier
Secretary

DATE: October 1, 2003
TO: Sheryl Steckler, Inspector General
FROM: Beth Englander, Director *Beth Englander*
Office of Child Welfare and Community-Based Care
SUBJECT: Response to Recommendations in Draft Audit of Adoption Services

Thank you for the opportunity to review and comment on the recommendations in the draft Inspector General Audit of Adoption Services. For clarity I have listed each recommendation and have responded in bold type.

The report recommends that the Secretary direct Family Safety Management to:

1. Establish goals and a measurement plan for the Adoption Services Program, paying particular attention to ensure that all Districts/Regions "buy-in" to the plan, define and use terms consistently, and use the same data source.

Adoption finalization goals have been developed and were presented and discussed at the District Administrator meeting on September 24. This report bases information regarding the Secretary's goal on a 36% increase over the number of children adopted in 02-03. A decision was made after the report was drafted which changed the base line for measurement from the 02-03 number to the number placed in 01-02. The goal for each district is included in the performance indicators for each District Administrator. The headquarters Office of Child Welfare and Community Based Care will prepare a monthly report indicating progress toward the established goal. The report will be provided to the Deputy Secretary for use with District Administrators.

2. Proactively monitor goal attainment and perform continuous process improvement by transferring methods that work in one District to those Districts needing improvement.

Monthly reporting and tracking of district performance based on AFCARS data (see attached report) will identify high performing districts with practices which may need to be replicated in other areas. Likewise, low performing districts will be identified early in the year and can be provided technical assistance and training to ensure achievement of the goal of increased adoption. A framework for permanency and a work plan are currently under development in the Office of Child Welfare and Community Based Care. A draft of this plan will be completed by October 10, 2003. This will enable us to assist districts and community based partners in more appropriately

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identifying adoption as a permanency goal and making decisions early in case planning to support that goal. The Office of Child Welfare and Community Based Care is in the process of developing best practice guidelines for all areas of special needs adoption work. Additionally, we are reaching out to National Resource Centers for assistance in implementing evidence based adoption practice.

3. Proactively monitor and facilitate CBC/Lead Agency service delivery particularly during the first full year of service and develop ways to mitigate the impediments noted in this report.

As part of the MAXIMUS/CWLA rules review project, the recently filed adoption rule will be reviewed to be certain the policies contained within support evidence based permanency practice. The rule seeks to clarify the role of the CBCs and lead agencies in various aspects of the adoption process. The Office of Child Welfare and Community Based Care staff will be working with OSET to build appropriate adoption practice issues into the child welfare training curriculum and will be responding to requests for training and technical assistance from individual CBCs and lead agencies. Recent efforts to provide post adoption training have all included CBC agency staff as well as mental health therapists from each area who are interested in developing competencies in treating the issues faced by adoptive families.

Program Office staff will be meeting with CBC leaders regarding compliance with federal permanency planning mandates. District Administrators who have responsibility for local practice, including the work of the CBC's, will be kept informed through the monthly monitoring of performance regarding adoption goals. Program Office staff will share information regarding impediments to goal achievement and provide training and technical assistance to CBC's as requested.

4. Elevate the University of South Florida, Florida Mental Health Institute report on CBC implementation and proactively address the issues raised in it.

Child Welfare and Community-Based Care staff will review the program performance and recommendations sections of the report that pertain to freeing and placing children for adoption and will move to implement the recommendations that are consistent with best adoption practices and with the Secretary's goals. The report review and a work plan for implementing the recommendations will be completed by October 15. Beth Englander and David Fairbanks will be meeting with USF staff to request a greater emphasis on qualitative issues in the next phase of evaluation.

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5. Require 100% HSn usage by all caseworkers whether DCF employees or contractor employees. Require quality assurance and quality control procedures/reviews of HSn data.

100% recording of all client information into the HSn system is a current requirement. The Deputy Secretary and the Director of the Office of Child Welfare and Community Based Care will be sending District Administrators written notification of this by October 10, 2003. Although the system is designed for direct use by workers who have case management responsibility, some CBC providers have opted to have data input handled by clerical staff. Additionally, some CBC's have continued to use their own systems as the primary source of data, with efforts to periodically transfer the information to HSn. This has created some significant problems with timeliness and accuracy of data. Current CBC contracts have been modified to clearly state that HSn is the department's system of record for all casework activity. The contracts state that providers must agree that HSn will contain the most current and most accurate information, regardless of other systems employed, and that caseworkers are responsible to regularly verify the accuracy and completeness of all HSn data relating to their assigned cases. CBCs now have representation on the HSn advisory committee, which should increase their understanding of the value and importance of the data system.

6. Formally report adoption statistics by CBC instead of rolling up the statistics by District/Region. Many Districts/Region have multiple CBCs-some have a different CBC for each county. Each CBC should have an individualized goal, take ownership of its data, and be accountable for timely accurate reporting.

HSn will be collecting information in this manner. Management reports available through HSn are currently being modified to show data by individual CBC. This will be the standard for any reports designed and generated in the future. HSn staff reports that resources available to work on report formats are currently limited and they are unable to provide a timeline for expected completion. Beth Englander will be requesting training for District Administrators on the use of HSn management reports, to be completed by November 1, 2003.

Thank you for your diligent efforts in collecting and compiling the information for this report. I am hopeful that it can be used to make adoption a reality for more children who currently wait for permanent families. Please contact me at 488-8762 if additional information is needed.

Agency Adoption Reporting Adoptions Finalized During 7/1/02 - 3/31/03

		District																											
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
		Total Finalizations Reported																											
Children		53	66	70	75	76	84	88	91	93	95	102	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120
		Termination of Parental Rights to Adoption Finalized																											
0 - 6 Months		22	26	14	31	33	79	10	31	21	24	3	27	19	1	341													
6 - 12 Months		20	17	24	38	76	58	17	49	54	52	16	44	23	18	506													
1 - 2 Years		5	14	32	59	91	54	23	54	69	78	29	32	32	25	597													
2 - 3 Years		3	6	6	17	15	5	3	18	14	30	6	9	5	9	146													
3 - 4 Years		0	3	1	6	10	4	2	7	9	10	0	2	3	4	61													
4 - 5 Years		0	0	0	4	3	2	0	5	3	7	0	0	0	0	24													
5+ Years		3	0	2	0	7	2	1	0	7	1	0	1	1	0	25													
Blank (Invalid Record)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0													
Mean (months)		12.6	12.9	15.1	15.6	16.5	10.9	14.6	15.7	18.3	18.2	14.8	12.9	14.6	18.3	15.3													
Median (months)		7.5	10.3	12.6	13.6	13.1	8.2	13.3	12.3	14.1	16.1	13.2	10.1	11.7	15.4	12.0													
		Petition of Termination of Parental Rights to Termination of Parental Rights																											
0 - 6 Months		31	36	44	109	146	123	35	121	119	86	45	81	50	30	1056													
6 - 12 Months		14	22	15	32	46	52	17	17	36	57	8	11	24	18	369													
1 - 2 Years		8	8	16	11	34	25	4	18	16	45	1	15	9	5	215													
2 - 3 Years		0	0	2	3	7	3	0	3	4	10	0	4	0	1	37													
3 - 4 Years		0	0	0	0	2	1	0	0	2	4	0	2	0	2	13													
4 - 5 Years		0	0	0	0	0	0	0	5	0	0	0	2	0	0	7													
5+ Years		0	0	0	0	0	0	0	0	0	0	0	0	0	1	1													
Blank (Invalid Record)		0	0	2	0	0	0	0	0	0	0	0	0	0	0	2													
Mean (months)		6.2	7.0	6.9	5.7	6.6	6.6	5.5	6.1	6.2	9.5	3.8	7.0	6.7	9.1	6.8													
Median (months)		5.7	5.4	5.0	4.4	4.2	4.8	5.3	3.0	4.4	7.4	2.9	3.5	5.2	5.3	4.6													

Information Regarding Adoption Assistance in Florida



Sheryl G. Steckler, Inspector General
Jerry Chesnutt, Director of Auditing

Information Related to Audit Report A-04-07

October 14, 2003

Purpose

The **purpose** of this document is to provide additional information regarding adoption assistance (subsidy) in Florida. This information supplements an audit of Adoption Services released for management's response in August 2003 by the Office of Internal Audit.

Supplemental Information

As stated in our audit report, there are over 4600 children available for adoption in the state of Florida. The majority of these children are special needs, as defined by Florida Statutes. These children are victims of abuse and/or neglect, have behavioral difficulties due to early childhood trauma, have a disability, are pre-teens and teenagers, and/or are brothers and sisters who need to be together.

Florida's criteria for "special needs" are:

- The child has significant emotional ties with his foster parents.
- The child is at least 8 years of age.
- The child is mentally retarded.
- The child is physically handicapped.
- The child is emotionally handicapped.
- The child is black or has racially mixed heritage.
- The child is a member of a sibling group being placed for adoption as a unit.

An adoption subsidy is available for special needs children. As stated in Chapter 65C-16.013, Florida Administrative Code (FAC), "The purpose of the adoption subsidy is to make available to prospective adoptive parents financial aid, which could enable them to adopt a special needs child." At the beginning of FY 03-04, it was estimated that in Florida over 17,000 children were receiving an adoption subsidy.

There are two types of subsidies, first is a basic maintenance subsidy and second a medical subsidy payment available to parents for special needs children. The maintenance subsidy is a monthly payment to the adoptive family to assist in the support of the "special needs" child. The amount of this subsidy is 80% of the published standard foster care board rate, which is established by the legislature. If the child has additional substantiated special needs, the adoptive family may negotiate

with the Department on the amount of subsidy but it may not exceed 100% of the published standard foster care board rate.¹

The medical subsidy is designed to help cover the costs of treating physical, mental, or emotional conditions that existed prior to the adoption. The need for medical subsidy must be established and authorized prior to the adoption placement, although the service might not actually be needed until a later date.²

Subsidy payments end when the child turn 18 years of age, if the parents cease to be responsible for the child, or the child is no longer receiving support from the parents.

Currently, the average Florida subsidy is as follows:

Age of Child	Florida Subsidy
0-5 Years of age	\$295
6-12 Years of age	\$304
13+	\$364
Enhanced rate	\$444

Florida ranks 41st when compared to other states in providing monthly dollar subsidy payments.³

Nationally, 88% of children adopted publicly receive an adoption subsidy.⁴ The majority of children adopted in the Florida public arena receive an adoption subsidy. Adoption statistics show that approximately 97% of adoptions in Florida finalized during FY 02-03 received adoption assistance.⁵

¹ Florida's Adoption Information Center flyer

² Chapter 65C-16.014 (1), FAC

³ North American Council on Adoptable Children, Summary of State Adoption Assistance Programs, May 2003

⁴ AFCARS (Adoption and Foster Care Analysis and Reporting System) Preliminary FY 2001 Estimates as of March 2003.

⁵ Family Safety Data Support

SUMMARY OF STATE ADOPTION ASSISTANCE PROGRAMS
 AVERAGE BASIC RATES FOR CHILDREN AGE 9
 PER THE NORTH AMERICAN COUNCIL ON ADOPTABLE CHILDREN
 AS OF MAY 2003

RANKING	STATE	\$ BASIC RATE
1	DC	718
2	CT	652
3	NH	601
4	KY	600
5	AK	580
6	NY	541
7	MD	535
8	HI	529
9	TX	521
10	VT	472
11	IN	464
12	MA	464
13	IA	452
14	MI	444
15	NJ	444
16	ME	441
17	NM	441
18	CA	436
19	MT	428
20	AR	425
21	GA	411
22	IL	410
23	NV	402
24	TN	402
25	KS	400
26	WV	400

RANKING	STATE	\$ BASIC RATE
cont.		
27	WY	399
28	WA	398
29	DE	397
30	ND	397
31	SD	397
32	UT	390
33	OR	370
34	NC	365
35	SC	359
36	AZ	358
37	MS	355
38	VA	344
39	WI	329
40	OK	324
41	FL	304
42	CO	293
43	LA	292
44	NE	291
45	RI	289
46	MN	277
47	ID	275
48	MO	275
49	AL	254
50	OH	250
51	PA	N/A